

IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF OHIO  
EASTERN DIVISION

~~~~~

DEBORAH MOSS,

Plaintiff,

vs.

Case No. 1:18-cv-02257

UNIVERSITY HOSPITALS

AT PARMA MEDICAL CENTER,

Defendant.

~~~~~

Deposition of

DEBORAH A. MOSS

April 8, 2019

10:00 a.m.

Taken at:

Giffen & Kaminski

1300 East Ninth Street, Suite 1600

Cleveland, Ohio

Cynthia Sullivan, RPR

REPORTER'S CERTIFICATE

The State of Ohio, )

SS:

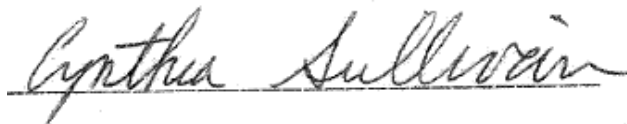
County of Cuyahoga. )

I, Cynthia Sullivan, a Notary Public within and for the State of Ohio, duly commissioned and qualified, do hereby certify that the within named witness, DEBORAH A. MOSS, was by me first duly sworn to testify the truth, the whole truth and nothing but the truth in the cause aforesaid; that the testimony then given by the above-referenced witness was by me reduced to stenotypy in the presence of said witness; afterwards transcribed, and that the foregoing is a true and correct transcription of the testimony so given by the above-referenced witness.

I do further certify that this deposition was taken at the time and place in the foregoing caption specified and was completed without adjournment.

1 I do further certify that I am not  
2 a relative, counsel or attorney for either  
3 party, or otherwise interested in the event of  
4 this action.

5 IN WITNESS WHEREOF, I have hereunto  
6 set my hand and affixed my seal of office at  
7 Cleveland, Ohio, on this 12th day of  
8 April, 2019.

9  
10  
11  
12   
13

14 Cynthia Sullivan, Notary Public  
15 within and for the State of Ohio  
16

17 My commission expires October 17, 2021.  
18  
19  
20  
21  
22  
23  
24  
25

1           A.       There was another doctor that I  
2       could add for UH.

3           Q.       Okay.

4           A.       Dr. Fitzgerald.

5           Q.       That was you said after --

6           A.       Yes.   She was another UH  
7       psychiatrist.   She was there for a short time,  
8       and I couldn't tell you the dates.

9           Q.       After the acquisition?

10          A.       Correct.

11          Q.       But prior to Dr. Sanitato?

12          A.       No.   She did work with him.

13          Q.       To your knowledge did  
14       Dr. Fitzgerald and Dr. Sanitato maintain  
15       private practices?

16          A.       I believe so.

17          Q.       Could you tell me what your  
18       understanding of your job duties and  
19       obligations were as a rehabilitation therapist?

20          A.       To provide therapeutic groups to  
21       the patients, work as a member of the  
22       interdisciplinary team.

23          Q.       Anything else?

24          A.       Whatever else was required of the  
25       job, you know, completing continuing education

1 or whatever learning.

2 Q. As part of providing therapeutic  
3 groups for patients, was patient assessments  
4 part of your job responsibilities?

5 A. Yes.

6 Q. That would include an assessment  
7 upon the patient's initial arrival to the  
8 geriatric psych unit, correct?

9 A. I believe within 24 hours.

10 Q. What was the purpose of that  
11 assessment that you would complete?

12 A. To identify any specific issues to  
13 address.

14 Q. How would you go about completing  
15 those assessments?

16 A. Asking questions, observation in  
17 group, other information from staff in the team  
18 meetings, the chart.

19 Q. Your assessment was specifically  
20 geared toward the functional and rehabilitative  
21 needs of the patients; is that correct?

22 A. Generally their leisure interests.

23 Q. What does that mean, leisure  
24 interests?

25 A. What they like to do for fun,

1 social, emotional, physical, cognitive.

2 Q. Was the goal to gain an  
3 understanding of that so that you could gear  
4 your therapy towards improving, for example,  
5 their cognitive and emotional functioning?

6 A. Right, along with their diagnosis.

7 Q. So after the initial assessment,  
8 you would then plan and implement and evaluate  
9 the therapy for each patient; is that right?

10 A. Identify goals to work on with that  
11 patient, yes.

12 Q. Was each therapeutic session  
13 planned and implemented based on the different  
14 goals of whatever patient population you were  
15 serving at a given time?

16 A. Generally, yes.

17 Q. Then as part of your job you were  
18 required to evaluate how the patients responded  
19 to the therapy, correct?

20 A. Correct.

21 Q. You would then report on that  
22 evaluation and outcome to the rest of the  
23 treatment team to complete the patient's  
24 assessment?

25 A. Each patient was documented on

1 after each group. There were generally two  
2 group sessions a day, so there were two group  
3 notes that were written, and then adding any  
4 information in the treatment team that occurred  
5 on a daily basis in the morning.

6 Q. When you say two group notes per  
7 day, that would be individual to the patient,  
8 though, correct?

9 A. Correct.

10 Q. So how each individual patient  
11 performed or responded to the group therapy?

12 A. Right. Yes. Each patient got a  
13 note twice a day from the rehab therapist.

14 Q. What methods would you use to  
15 perform your evaluation of how an individual  
16 patient was performing or responding to the  
17 therapy you were providing?

18 A. There was a standard note, and  
19 often a check box for behaviors and their  
20 participation, and then an area for a brief  
21 summary, I believe.

22 Q. So you said there was a check box  
23 for behaviors?

24 A. Correct. Yeah. We had a list of  
25 various behaviors noted, and you would check

1       those off if any applied.

2               Q.       What were those?

3               A.       They could vary; calm, agitated,  
4       probably hallucinating, affect. I'm sure there  
5       is more.

6               Q.       What methods would you use to  
7       determine whether a patient was calm, agitated,  
8       hallucinating, or to judge their affect?

9               A.       Their observation and participation  
10       in group.

11              Q.       How did you observe and make an  
12       assessment of their participation in group?

13              A.       Through interaction, questioning,  
14       getting up, moving around the room at times,  
15       just, again, observing.

16              Q.       When you say through interaction,  
17       is that verbal communication with the patient?

18              A.       Yes.

19              Q.       Between you and the patient?

20              A.       Yes. It could be physical if we  
21       were exercising.

22              Q.       What type of physical interaction  
23       as an example?

24              A.       Like chair exercises, just moving  
25       arms, legs, sometimes assisting a patient if

1       they weren't able to do it themselves, a pat on  
2       the shoulder for doing a good job, or if they  
3       need to wake up, you know, a pat on the knee or  
4       the shoulder again, verbal cues, prompts.

5             Q.       You said if they need to wake up?

6             A.       Yeah. They could fall asleep.

7             Q.       Were these patients, I'm sure they  
8       were all different, but in a general sense were  
9       they being medicated while they were on the  
10       unit?

11            A.       If the doctor felt so, yes.

12            Q.       Was that pretty typical, that the  
13       patients you were doing group therapy with  
14       would be on some type of medication?

15            A.       Yes. Yes.

16            Q.       How would you identify, for  
17       example, I think you said agitated, how would  
18       you come to the conclusion that a patient was  
19       agitated.

20            A.       If they are very fidgety, restless,  
21       sometimes verbal, if they are calling out or  
22       starting to get a change in their tone of  
23       voice.

24            Q.       Did you ever have patients who were  
25       non-verbal?

1           A.       A few.

2           Q.       In what ways did you change your  
3       technique or your evaluation process to  
4       complete the assessments of those patients?

5           A.       More interactions with nursing. I  
6       guess it would depend on the patient, asking  
7       them questions, maybe if they nod their head  
8       yes or no, writing things down if they are  
9       able. Sometimes I would write questions out  
10      for them to read. Again, they could agree or  
11      disagree if able.

12          Q.       Part of your job included you said  
13      participating in interdisciplinary rounds on a  
14      daily basis; is that right?

15          A.       Yes.

16          Q.       What did that entail?

17          A.       Nursing, the physician, the  
18      manager, myself, and a social worker met every  
19      morning to go over the patients to review their  
20      treatment plans if they were needing an update.

21          Q.       So you would give daily updates of  
22      the patients' performance in your group  
23      therapy? Is that how you contributed to that  
24      discussion?

25          A.       Yes.

1           Q.       Were there any other ways that you  
2 would participate in that discussion?

3           A.       Not that I can think of.

4           Q.       Were there call lights on the unit?

5           A.       Yes.

6           Q.       Can you tell me what those are?

7           A.       If the patient is in their room and  
8 needs assistance, they have a button that they  
9 can press or that nursing can press if they  
10 need additional assistance, and there were also  
11 call lights in the group rooms and in the rest  
12 rooms.

13          Q.       Was it part of your  
14 responsibilities to respond to those?

15          A.       Yes.

16          Q.       Is that a duty that everyone on the  
17 unit has?

18          A.       Yes.

19          Q.       Is it also part of your job to  
20 ensure that patients are in a safe environment  
21 when they are, for example, in the group  
22 therapy sessions?

23          A.       Yes.

24          Q.       For your therapy sessions, what  
25 types of activities were included in those?

1           A.       Generally, morning group started  
2 with a community group where we would go over  
3 orientation, maybe some trivia relating to the  
4 day, asking -- we could do patient  
5 introductions if it's a whole new group or if  
6 we had a new person.

7                   Sometimes I'd ask them like a  
8 question of the day, and everybody could go  
9 around the circle. Generally, we're set up in  
10 a circle for that. Maybe goal setting, how  
11 they are feeling, and then we'd move into chair  
12 exercises and then maybe some other type of  
13 large motor skill activity, and then that  
14 generally would go 45 minutes to an hour.

15                   Then we would rearrange back to  
16 tables for the next activity. I'd give them a  
17 snack or a beverage, and then the second  
18 activity within -- because in the morning it  
19 was like a two-hour time span that we had them  
20 -- it could be a discussion maybe on depression  
21 or self-awareness, self-esteem, depression,  
22 just depending on whatever the need of the  
23 group was.

24           Q.       When you say chair exercises, can  
25 you tell me what that entails?

1           A.       Basically stretching while sitting  
2       in a chair.   Some techniques are yoga.   My  
3       training came through the Arthritis Foundation.

4           Q.       So stretching?   Yoga?

5           A.       Deep breathing.

6           Q.       Then you said large motor skill  
7       activities?

8           A.       Correct.

9           Q.       What were some of those?

10          A.       Those could be like throwing a ball  
11       into a basket, horseshoes, bowling, balloon  
12       volleyball.

13          Q.       I take it, for example, horseshoes,  
14       bowling, those would be set up in the group  
15       therapy, right?   You weren't going outside of  
16       the unit with these patients?

17          A.       Correct.

18          Q.       In fact, it was a locked unit,  
19       right?

20          A.       Yes.

21          Q.       So that would be the morning  
22       session, and then there was also an afternoon  
23       session?

24          A.       Correct.

25          Q.       What happened at the afternoon

1 session?

2 A. Again, that could be more leisure  
3 based or again for the diagnosis depending on  
4 the group, but it could be Wheel of Fortune was  
5 common, other cognitive activities, word games.

6 Q. Would you then complete a second  
7 round of documentation in the afternoon after  
8 that session for each patient?

9 A. Yes.

10 Q. When did you meet Kathy Holley?

11 A. Sometime in early January when she  
12 started.

13 Q. Of what year?

14 A. 2016.

15 Q. Was there a change in the way that  
16 the treatment and therapy and operation of the  
17 unit ran after Kathy became the head manager?

18 A. I think we were working on some  
19 minor changes.

20 Q. Can you describe those?

21 A. Probably the times in which groups  
22 started would be the biggest, and then, again,  
23 like working on changing the documentation for  
24 the groups.

25 Q. Did Kathy make it a point of

1 emphasis to increase the activity level for the  
2 younger geriatric patients or patients with  
3 higher acuity?

4 A. Well, the activities would gear  
5 towards whatever population we had.

6 Q. You worked part time, correct?

7 A. Correct.

8 Q. When you were on duty, were you the  
9 only recreational therapist on the unit?

10 A. Yes.

11 Q. Were you the one charged then with  
12 operating both the morning and afternoon  
13 groups?

14 A. Yes.

15 Q. Did you run those groups solo, on  
16 your own?

17 A. Yes.

18 Q. In February or March of 2016, Kathy  
19 Holley provided a performance review for you;  
20 is that correct?

21 A. Yes, in March.

22 Q. Can you tell me everything you  
23 recall about that discussion?

24 A. I believe there were no issues with  
25 the evaluation. She raised a concern that

1 after each group. There were generally two  
2 group sessions a day, so there were two group  
3 notes that were written, and then adding any  
4 information in the treatment team that occurred  
5 on a daily basis in the morning.

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7 day, that would be individual to the patient,  
8 though, correct?

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13 participating in interdisciplinary rounds on a  
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15 A. Yes.

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